

# Iowa Department of Inspections and Appeals

Food and Consumer Safety Bureau

515-281-6538

## APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

A temporary license is valid up to 14 days in conjunction with a single event

Applications not submitted at least three weekdays before the event may not be reviewed

Penalties will be assessed if application is not submitted prior to the event

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

FOOD ESTABLISHMENT INFORMATION	EVENT INFORMATION
Name of Owner and Business Name:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Contact Information: phone ( ) - cell phone ( ) - email	City:  County: Zip code:
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Date(s) of Event: Anticipated Maximum Attendance at Peak Time: _____
Hours of Operation: Set-up/Preparation Time: Service Time:	Event Organizer's Name: cell phone ( ) - email
On-site (Person-in-Charge) Contact: Name phone ( ) - cell phone ( ) - email	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary on-site (Person-in-Charge) Contact: Name Cell phone ( ) -	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.			
List menu item(s) (attach list if more space is needed)	Source of food (must provide invoice or receipt at the event)	All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	If prepared at another location indicate what preparation will occur**
Example: <i>Hamburgers</i>	<i>Smith's Market</i>	<input checked="" type="checkbox"/> Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

\*\*For food items that will be prepared at another location, provide the following information:

Food Establishment Name	Name of Permit Holder
Address and City	License #
Date and Time of preparation	Contact phone number

## TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

### Booth Construction

Overhead Covering ☐Canvas ☐Wood Other: \_\_\_\_\_

Floor ☐Asphalt ☐Concrete ☐Wood Other: \_\_\_\_\_

Walls ☐Screens ☐Concrete ☐Wood Other: \_\_\_\_\_

Booth supplied by: ☐Food Stand Operator ☐Event Organizer

### Utensils and Equipment (check all that apply)

☐Single-serve eating and drinking utensils

☐Multi-use kitchen utensils

Type of Utensil Washing Setup:

☐Three basin set-up

☐Shared three compartment sink

☐Three compartment sink within a food establishment

☐N/A

Sanitizer to be used: ☐Chlorine ☐Quaternary Ammonia

☐Iodine ☐Other \_\_\_\_\_

Test strips provided ☐Yes ☐No

### Handwashing Facilities

Provided by : ☐Event Coordinator ☐Food Stand Operator

Type of handwashing facility: (must be located in all food preparation and handling areas)

☐Gravity-fed water with spigot/bucket

☐Self-contained portable unit

☐Plumbed with hot and cold water under pressure

☐N/A (only prepackaged foods are sold)

**Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing stations.**

Disposable gloves provided ☐Yes ☐No

### Food Storage or Display Equipment

List all equipment used for food storage and display:

Hot: \_\_\_\_\_

Cold: \_\_\_\_\_

Dry: \_\_\_\_\_

Condiments: \_\_\_\_\_

### Water Supply

Provided by : ☐Event Coordinator ☐Food Stand Operator

Source of water ☐Public \_\_\_\_\_ ☐\*Private well \_\_\_\_\_

\*If private, test results must be provided with the application or at the time of the inspection.

Method of providing hot water: \_\_\_\_\_

### Thermometers:

☐Refrigeration/Cold Storage

☐Cooking/hot food storage(indicate type): \_\_\_\_\_

### Toilet Facilities for Food Employees

Provided by : ☐Event Coordinator ☐Food Stand Operator

### Cooking Equipment

Identify all cooking equipment that will be used:

### Electrical Supply:

☐Generator ☐Power hook up ☐Other \_\_\_\_\_

☐No Power ☐Lighting available

### Food Transportation

Identify how food will be transported to event:

### Refuse Removal

Describe how refuse will be disposed of:

### Food Employees/Volunteers

Certified Food Manager available ☐Yes ☐No

Name: \_\_\_\_\_ Certificate available ☐Yes ☐No

# of food employees/volunteers: \_\_\_\_\_

Person responsible for maintaining log book \_\_\_\_\_

### Liquid Waste Removal

Describe how liquid waste will be disposed of:

Frequency of liquid waste removal: \_\_\_\_\_ times per day

A temporary food establishment license will not be issued unless this application meets all applicable requirements found in the Iowa Food Code as summarized in the Temporary Food Establishment Rules and the regulatory authority has approved the license. Non-compliance may result in closure of the temporary food establishment.

**License Fee: \$33.50**

Submit payment to:

**Iowa Department of Inspection and Appeals**

**Food and Consumer Safety Bureau**

**321 E 12<sup>th</sup> Street**

**Des Moines, IA 50319**

**Phone number (515)281-6538**

Applicants Name (Print): \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

**DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY**

Check #	Date Received	Amount Received
Check Name	Penalty amount	Amount Due

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage
5. Location of condiments

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a food establishment layout. The box occupies the lower two-thirds of the page.